



Retirement Made Easy **To-Do List**

Your step-by-step guide to your retirement benefits.



If you are eligible for GA-46000 and GA-23111 Plan E:

1. **Before you apply for GA-46000**, first make sure you meet the eligibility requirements. You **must** be at least 60 years of age, have at least 30 years of service, **not be eligible** for Medicare, and be covered under one of the active plans on the day immediately before the date you apply for your annuity. You must satisfy the requirements for GA-46000 as either an **Age Annuitant** or a **Disabled Annuitant**. To determine if you meet the qualifications for enrollment, review the information in the “Welcome to Retirement Made Easy!” brochure, the “GA-46000 and GA-23111 Plan E” brochure, or the GA-23111 Certificate of Coverage, all of which are included in this Retirement Made Easy kit. You can also go to www.yourtracktohealth.com and click on “Plan Your Retirement” or call our toll-free number at 1-800-842-5252 and ask to speak to a Retirement Specialist.
2. **Contact the Railroad Retirement Board (RRB) and apply for your Railroad Annuity about 90 days prior to your expected retirement date.** You must have continued working into the month or take vacation prior to the month in which you turn age 60. The RRB can be reached at their toll-free number: 1-877-772-5772.
3. **Complete the following applications that are required to enroll in these two plans.**
 - a. Group Health Plan GA-46000 Application for Coverage
 - b. Enrollment Form for Group Policy GA-23111, selecting Plan E if enrolling in Plan E, within four months of when your active coverage ends¹
 - c. COBRA Notice of Qualifying Event Form if you wish to extend your Dental/Vision coverage
 - d. Electronic Funds Transfer (EFT) Form if you wish to have payments automatically deducted from your checking or savings account²
4. **Along with the items listed above, please include the following items when mailing your application to UnitedHealthcare, because any missing information will delay enrollment under GA-46000.**
 - a. RRB BA-6 Form
 - b. Receipt for your claim form available from the RRB
 - c. Social Security numbers for all applicants need to be entered on all forms that request it
5. **If enrolling in GA-23111 Plan E, remember to include a check for the required payment made payable to UnitedHealthcare. The required monthly payment for Plan E is a separate rate for the Employee and one rate for all Dependents eligible for coverage.**
6. **Please mail all items about 30 days prior to your retirement date to the following address:**

UnitedHealthcare
Railroad Administration
P.O. Box 30791
Salt Lake City, UT 84130-0791

Reminder: If you work or receive vacation pay in the month you retire, you will still be covered under your active plan for the following month. For example, if you work or receive vacation pay in October and you also retire in October, you will remain covered under your active plan through November, and your coverage under GA-46000 will become effective December 1.

Note: If you need a MetLife Beneficiary Designation form, they can be obtained from the Your Track to Health website at www.yourtracktohealth.com or you can contact MetLife directly at 1-800-310-7770.

Note: Please see bottom of page 4 for explanation of footnotes 1 and 2.

**If you have any questions,
please call UnitedHealthcare
at 1-800-842-5252 and ask
to speak with one of our
Retirement Specialists.**

If you are eligible for GA-23111 Plans A, B, or C:

1. **If your active coverage will end soon and you do not wish to extend your coverage under COBRA and are not eligible for Medicare, you and/or your covered dependents may enroll in GA-23111 Plans A, B, or C, by following the steps below.**
 - a. Complete the enrollment form for GA-23111, selecting Plan A, B, or C, within four months of when your active coverage ends.¹
 - b. Complete the Electronic Funds Transfer (EFT) Form if you wish to have payments automatically deducted from your checking or savings account.²
2. **Remember to include a check for the required monthly payment made payable to UnitedHealthcare.**
3. **Mail the form(s) and payment to the following address:**

UnitedHealthcare
Railroad Administration
P.O. Box 30791
Salt Lake City, UT 84130-0791



If you have any questions on enrolling in GA-23111 Plans A, B, or C, please call UnitedHealthcare at 1-800-842-5252 and one of our Customer Care Professionals will assist you.

Note: These plans do not provide coverage for prescriptions, vision or dental services. However, all three plans include a drug discount program as well as a discount program for certain personal health services.

Note: Please see bottom of page 4 for explanation of footnotes 1 and 2.

If you are eligible for Medicare and GA-23111 Plan F:

1. **If you and/or your covered dependents become eligible for Medicare and cannot be covered under any other railroad plan, you are eligible to enroll in GA-23111 Plan F by following the steps below.**
 - a. Complete the enrollment form for GA-23111, selecting Plan F, within four months of when your active coverage ends. If you do not enroll during this initial four-month period, you have a second four-month period beginning in the month prior to the month you became eligible for Medicare.¹
 - b. Send a copy of the Medicare card for all applicants covered under Medicare.
 - c. Complete the Electronic Funds Transfer (EFT) Form if you wish to have payments automatically deducted from your checking or savings account.²
2. **Remember to include a check for the required monthly payment made payable to UnitedHealthcare.**
3. **Mail the form(s) and payment to the following address:**
UnitedHealthcare
Railroad Administration
P.O. Box 30791
Salt Lake City, UT 84130-0791



If you have any questions on enrolling in GA-23111 Plan F, please call UnitedHealthcare at 1-800-809-0453 and one of our Customer Care Professionals will assist you.



Footnotes

¹ If you do not enroll during the specified enrollment period, you may enroll during an open enrollment period. Open enrollment periods are held in November and December of every **even** calendar year (2018, 2020, etc.). Enrollment during an open enrollment period provides coverage effective January 1.

² If signing up for EFT, include the required monthly payment made payable to UnitedHealthcare. Continue making monthly payments until you are notified that the monthly automated withdrawal will happen.

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